### PATENT APPLICATION FEE DETERMINATION RECORD Effective December 29, 1999 **CLAIMS AS FILED - PART I SMALL ENTITY OTHER THAN** (Column 1) (Column 2) TYPE [ OR **SMALL ENTITY FOR** NUMBER FILED NUMBER EXTRA FEE RATE RATE FEE **BASIC FEE** 345.00 690.00 OR **TOTAL CLAIMS** minus 20= X\$ 9= X\$18= OR INDEPENDENT CLAIMS minus 3 =X39 =X78= OR MULTIPLE DEPENDENT CLAIM PRESENT +130= +260= OR \* If the difference in column 1 is less than zero, enter "0" in column 2 TOTAL TOTAL OR **CLAIMS AS AMENDED - PART II** OTHER THAN SMALL ENTITY OR **SMALL ENTITY** (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST ADDI-ADDI-REMAINING NUMBER **PRESENT TIONAL** TIONAL RATE RATE ENDMENT **AFTER PREVIOUSLY EXTRA AMENDMENT** FEE **FEE** PAID FOR Total Minus X\$ 9≈ X\$18= OR Independent Minus X39= X78= OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +130= +260= OR TOTAL TOTAL OR ADDIT. FEE ADDIT. FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST ADDI-ADDI-REMAINING NUMBER **PRESENT** TIONAL RATE RATE TIONAL MENDMENT **AFTER PREVIOUSLY EXTRA AMENDMENT** PAID FOR FEE **FEE** Total Minus X\$ 9= X\$18= OR Independent Minus X39 =X78= OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +130= +260= OR TOTAL TOTAL OR ADDIT. FEE ADDIT, FEE (Column 1) (Column 2) (Column 3) **CLAIMS** HIGHEST ADDI-ADDI-REMAINING NUMBER **PRESENT PREVIOUSLY RATE** TIONAL **RATE** TIONAL **AMENDMENT AFTER EXTRA AMENDMENT** PAID FOR FEE FEE Total Minus X\$ 9= X\$18= OR Independent Minus = X39= X78= OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +130= +260= OR \* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. TOTAL TOTAL \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." OR ADDIT, FEE ADDIT, FEE \*\*\*If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

**Application or Docket Number** 



### UNITED STATES DEPARTMENT OF COMMERCE

Patent and Trader Office ASSISTANT SECRE AY OF COMMERCE AND

COMMISSIONER OF PATENTS AND TRADEMARKS Washington, D.C. 20231

_:	•		
SERIAL NUMBER	FILING DATE		
BEIGHE NOMBER	FILING DATE	FIRST NAMED APPLICANT	ATTY. DOCKET NO.
			iii i i bockej N()

**EXAMINER** 

ART UNIT

PAPER NUMBER

DATE MAILED:

### NOTICE OF INSUFFICIENT FILING FEES

APPLICANT IS GIVEN 30 DAYS FROM THE DATE OF MAILING OF THIS NOTICE WITHIN WHICH TO SUBMIT THE BALANCE DUE. Extension of this 30 day period under 37 CFR 1.136(a) will not be permitted. Failure to respond within this period will result in the application becoming abandoned. 35 U.S.C. 133.

The filing fees submitted in connection with this application are insufficient. See the attached Patent Application Fee Determination Record (Form PTO-875). The balance due for additional claims and/or multiple dependent claims is summarized below:							
A. F	filing Fees due upon filing the application						
	Total Filing Fees Due	=s 15 67.00					
	Less Filing Fees Submitted	=\$ 15 67.00 -\$( 813.00) =\$ 754.00					
<b>.</b>	BALANCE DUE	=\$ 754.N					
B. Fees due in connection with the amendment filed on							
	Total Fees Due	= \$					
•	Less Fees Submitted	- \$ ()					
•	BALANCE DUE	= \$					
ATTACHMENT:	FORM PTO-875	Clerk of Group					
APPLICANT: PLEASE COMPLETE THIS PORTION AND RETURN THIS NOTICE WITH PAYMENT  Fee submitted \$ Signature							
CERTIFICATE OF MAILING							
I hereby certify that this notice and the required additional fees are being deposited with the U. S. POSTAL SERVICE as first class mail in an envelope addressed to:							
Commissioner of Patents and Trademarks, Washington, D.C. 20231, on (date)							
Print Name: Signature:							

## It does NOT get mailed to the applicant.

# NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

APPLICATION NUMBER: 04/575/87

FORM OPE-RAM (4) (227, 1277)

### Total Fee Calculation

		714!	Number			
	Ert Codt	# Claim:	Estm X	Fir	F:-	Taca
	Sart:			Sial Eaging	L: Eamey	
Basic Filia; Fee	201/201			348		
: Taal Claims >20	2017/1011	124	- <u>104</u> x	934		
Ledapasdas: Claimy >;	202001	7 :-		154	· .	
Multi Dap Claim Present	204/164			130		
Southarge	<u> 2007/03</u>				-	-
Eaglish Translation	133					
TOTAL FEE CALCILL	170001					1541
Fees due upon filia; d	ir applicatina					
Total Filling Fees Due	= _ S	154	7			
Less Filling Fees Subm	imed - S	81.	3			· .
BALANCE DUE	= 5	75	4			: z
(W	1_					
Office of तियंच्य Patest	Examination				•	
-	·	Fig	gurë 7	_		